

# CARL MOYER PROGRAM

# 2014 Annual Reporting Form

## GRANTEE Contact Information:

Name	
Address	
City/ State	
Phone	
Email	

## Project Number:

## Project Description:

## Equipment Category :

### PART 1: FUNDED EQUIPMENT DESCRIPTION

Make:	Model:	Model Year:
Power (hp):	Serial No.:	
Identification (e.g., vessel name, number, etc.):		

### PART 2: EQUIPMENT ACTIVITY

(Activity for projects completed and operating between **July 1, 2013 – June 30, 2014**)

1. This data represents equipment operation for:	<input checked="" type="checkbox"/> Full Year
2. Report the <b>TOTAL</b> Gallons of Fuel used between <b>7/1/2013 and 6/30/2014</b> :	<input type="text"/> Gallons of fuel used between 7/1/2013 and 6/30/2014
3. Report the <b>CURRENT</b> hour meter reading.	<input type="text"/> Current hour meter reading
4. Report the <b>TOTAL Annual Hours</b> operated for funded equipment between <b>7/1/2013 and 6/30/2014</b> .	<input type="text"/> Hours operated between 7/1/2013 and 6/30/2014
5. Has location of the equipment changed from when the equipment was originally funded? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where are you operating now? <b><u>New location:</u></b>
6. Please describe any repairs, problems or unexpected benefits:	
7. Provide a detailed description of issues/ factors that may have changed your usage quantities (hours, gallons of fuel) for the operation period from what was originally estimated at the time of application (i.e., bad season, medical problems, equipment problems, etc.)	
8. Is the equipment purchased insured? <input type="checkbox"/> Yes – <b><u>Please submit copy of Proof of Insurance</u></b> <input type="checkbox"/> No	
9. Estimated percentage of time the equipment operated within the Air District?	<input type="text"/> % in BAAQMD
10. Estimated percentage of time the equipment operated within California?	<input type="text"/> % in California

*Under penalties of perjury, I certify that the information provided on this document is correct and complete. I currently own the equipment described above, and I have been and will continue to operate the equipment in the jurisdiction of the Bay Area Air Quality Management District in accordance with the Grant Agreement for this project. I have reviewed the equipment information and my contact information (name, address, phone number, email address, etc.) for this project and certify that it is current and accurate.*

Signature

Date

**Notes:**

- a) If the project was for multiple engines or vehicles please feel free to submit the annual report in a spreadsheet format if it would be more convenient.
- b) Please feel free to use the back of this page or attached additional sheets if you need more space for your responses.
- c) Please mail this form along with proof of the current insurance policy (if not already submitted), covering the purchased equipment **no later than August 1, 2014** to:

**BAY AREA AIR QUALITY MANAGEMENT DISTRICT**

*Strategic Incentives Division*

**Attn: Susan Manalo**

939 Ellis Street

San Francisco, CA 94109